

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/766,693 January 28, 2004		
Filing Date			
First Named Inventor	Robert C. Huber		
Title			
METHOD FOR REDU EFFECTS OF A DISA			
SIMILAR EVENT UP	ON THE CONTINUITY		

Examiner Name	
Attorney Docket Number	59972-299122

I hereby a	ppoint:			1				
$\boxtimes$	Practitioners associate with the Customer Number:	2576	4					
•								
as my/our attorney(s) or agent(s) to prosecute the application above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
		•						
Please recognize or change the correspondence address for the above-identified application to:								
I am the:								
X	Applicant/Inventor.							
Assignee of record of the entire interest. See CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature		Kofe ZH	aba	Date	7-19-04			
Name	Rol	bert C. Huber		Telephone				
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
▼ *Total of 1 form is submitted.								

SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.